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Problems of the Rural Mother in the Feeding of her Children*

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A REVIEW of the bulletins written for mothers on the care of infants, especially on the subject of infant feeding, would give one the impression that they were not intended for use outside the city limits. In this literature the two points most emphasized are the value of breast feeding versus bottle feeding, and the use of certified milk properly modified and kept on ice.

My observation and experience has been that breast feeding versus bottle feeding is not one of the vital problems of infant feeding for the rural mothers, as undoubtedly it is in the cities, for approximately 70 to 90 per cent. of rural women nurse their infants for at least six months. Also properly modified cow's milk kept on ice until feeding is out of the question for the great majority of them, for it is only the exceptional farm home which can provide ice.

It would be interesting to examine the factors which determine the larger percentage of breast feeding in the country than in the city, but chief among them are:

1. The work of the mother is largely in the home. Hence she is available for regular periods of nursing.

2. If the country mother leaves home usually she has to go so far that she takes the baby with her.

3. The country woman lives a less artificial and a more simple natural life than is possible for the woman in the city.

4. Bottle feeding is not suggested to her by the example of her neighbours.

5. There is no obliging doctor around the corner who is willing for a fee to assume the responsibility of artificially feeding her baby.

For these and perhaps other reasons the great majority of babies in the country are breast fed. But this breast feeding is not always successful. Complicating factors are:

1. There is likelihood of weariness of the mother from overwork or from arising too soon after delivery.
2. Injudicious diet of the mother.
3. Lack of fresh air and proper exercise.
4. Lack of proper mental stimulus and freedom from worry.
5. Irregular intervals and improper methods of nursing frequently followed by the so-called three months' colic or other form of indigestion, and often taken as an indication that the milk is not agreeing with the baby.
6. Failure to weigh the baby or weighing only at very irregular intervals.
7. Nursing the baby after the first birthday, sometimes until the second. All these problems are very easily solved. And it will only be a question of time at the present rate of dissemination of information regarding the feeding and care of infants until the necessity for proper nursing and methods will be matters of common knowledge.

It is the problems of bottle feeding and feeding of the child after the first year that present the most serious difficulties in rural infant feeding. These problems might be grouped under three headings:

1. Infant other than milk.
2. Milk and its care.
3. Table food after the first year.

In the better rural districts the problem of infant food may be solved by keeping one or two cows for the express purpose. In many other districts patent or ready-prepared foods are in great favour. The foods most frequently used are those advertised in the lay press. The comparatively high price of these foods; the alluring advertisements; the full directions for preparing them; the lack of proper information as to their relative lower food value as compared with cow's milk; the father and mother love desiring the best for their baby, together with their lack of facilities and knowledge of the technique for feeding cow's milk are all factors in promoting the use of patent foods in rural districts.

But, if milk is decided upon to be used for bottle feeding immediately other problems arise, such as healthy cattle, proper handling of the milk and utensils, lack of proper methods of cooling, and lastly the lack of proper knowledge in its modification.

The health of cattle, especially as to freedom from tuberculosis is not one of the serious problems of infant feeding as it is in the city. Dairy

cows are tested for tuberculosis when milk is to be sold in cities having milk inspection ordinances. There is no general provision for testing cattle in rural districts when milk is used for home purposes. However, experience goes to show that it is a rare thing to discover a cow suffering from tuberculosis when only one or two cows are kept on one farm and these kept most of the time in the open pasture.

Proper handling of milk can be summed up in the statement that a "clean man can produce clean milk anywhere". Clean milk is not a problem of fine dairy barns and elaborate equipment, although these may be a great convenience, but the essentials may be carried out anywhere. These are proper care and cleanliness of cows, stables, milkers, pails, cans, the removing of the milk at once from the barn to a separate cooling and straining, and the quick cooling and the keeping cool in properly sterilized vessels.

With a satisfactory milk supply and provision for keeping it safely assured, the next problem is the proper modification and formulae for each individual baby. For the rural infant this is likely to be a matter of no small concern.

It is a fact that the average practitioner who graduated anywhere from ten to twenty-five years ago, did not receive instruction in the feeding and care of normal infants, particularly as compared with modern methods. The doctor's function was considered then, as it is all too frequently now, to diagnose and to prescribe for illness. The medical student of those days did not see normal babies in the clinics or practice, and he had no opportunity for observing and feeding them at various stages of their development. Hence unless the practitioner has had experience with a family of his own or has had children under his immediate care, unless he has taken frequent post-graduate work or has been a close student of current medical literature, he is not expert in writing formulas for bottle fed babies and he finds difficulty in outlining diets for young children. In extreme cases some physicians have been reduced to the expediency of ordering condensed milk and instructing the mother to read the labels on the cans.

But granted that there is available in a rural district a man eminently equipped to give instruction in the feeding of infants and children, we are confronted with a still larger problem.

The public has been educated to go to the doctor and pay him for medicine and not for advice. Also it takes time to teach a mother how properly to prepare formulas and diets and the average busy doctor hasn't the time. If he took the time, in all probability, he would not be paid or thanked for it. Therefore, in the average community, it is easier and quicker and is the means of a better immediate income for the doctor to send the baby some medicine for the colic or for the diarrhoea than it

is to go painstakingly into the cause of these ailments. And some wise country doctors keep on hand some harmless coloured sugar pills to give for the dollar and give good advice gratuitously.

Frequently it happens that the country mother is too far away to send for a physician for an apparently trivial ailment—something which she expects will be better or all right in a few days, or she feels that having him come so far is more than she can afford. Consequently she is strongly tempted to experiment with home remedies.

In some communities, too, particularly among the foreign-born peoples, a mistaken sense of thrift or ignorance of our customs prevents their sending for a doctor until the family and the neighbours have done their best, or their worst as it may happen, and the child is near death. There are certain districts where this practice is so prevalent that when a doctor is called to attend one of the children, he goes expecting nothing else than that he will have to write a death certificate.

The rural mother lacks the opportunity for the frequent consultation with public health nurses, teachers, physicians in the clinics or infant welfare stations which do so much toward simplifying the city mother's problem of infant feeding. Hence apart from her relatives and neighbours, the only available source of this sort of information for her is the magazines, which in the last few years have taken up the care of children as a part of their regular activities. Some of these articles of advice to mothers have been written by space writers and consequently are of doubtful value. But for the most part and especially in the first class magazines, these infants' and children's departments are conducted by physicians and specialists. And these publications have performed a wonderful service for the rural mother.

Leaving the problems of breast and bottle feeding, the rural mother also finds special problems in the feeding of infants after the first year. Ordinarily she does not know how to take her baby from the breast or bottle and put him safely on solid food. Consequently she experiments with tastes of this and of that with the usual result.

There is likely to be a scarcity of fresh fruit and green vegetables also, and a too plentiful supply of fresh and salt pork. This makes it difficult to obtain proper material for a correctly balanced diet.

Outside of food and its preparation, there are a number of other problems which bear directly on rural infant feeding. Among these may be mentioned.

1. Lack of facilities for the proper disposal of garbage and sewage.
2. Unsanitary toilets.
3. Dirty barnyards and pigpens.
4. Rats and flies and other disease-breeding pests.
5. Pollution of the water supply.

6. Lack of conveniences in the farm home and difficulty of obtaining domestic help.

7. Lack of opportunities for consultation.

Perhaps the most serious of these problems is the lack of disposal of garbage and waste with all its attendant evils. The unsanitary slop barrel, the dirty pigpens and barnyard, and the unscreened, filthy toilets are a prolific source of rats and flies with their possibilities of pollution of food supplies. The average rural toilet, which not infrequently is a miniature cess pool, also may be responsible for contamination of the water supply of the family or the neighbours.

The difficulty of obtaining domestic help and the lack of modern conveniences are vital problems for the rural mother. An overworked mother cannot supply the proper amount or quality of milk for her infant, neither can she take the necessary care and precautions with the baby's bottle when she is exhausted from too long hours or too heavy work. The lack of modern conveniences, especially a furnace and a properly equipped nursery, means that in the average farm house the mother must keep her young children with her in the kitchen. Here they are exposed to overheating from the kitchen stove both in summer and in winter; they are exposed to draughts and cold floors, to steam from washing and cooking, and they are placed within easy reach of sundry bits of indigestible food and stray articles which are surreptitiously swallowed.

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The Education of the Medical Student in his Relation to Child Welfare

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ANY comprehensive scheme for child welfare which is destined to yield fruitful results must first seriously consider a broad educational program. Three main lines of effort need to be carefully planned and carried out with an enthusiasm which brooks no discouragement. Of primary importance is the education of the mothers, and prospective mothers, in modern infant and child hygiene. This has already been attempted in many places by various means. Consultation of the mothers with physicians and nurses in infant welfare centres, and follow-up in the homes by the nurses has been the most effective method of approach. Educational literature and popular talks before mothers' clubs and school associations have supplemented the direct teaching in the centres and homes. The most logical place, however, to begin instruction is in the public schools. Every girl who comes into our schools may be looked upon as a potential mother and should therefore be gradually introduced while still in the most impressionable age into well planned courses in infant hygiene and domestic economy. Voluntary societies—"Little Mothers' Leagues"—have met the need in some places, but the tendency in all such voluntary associations is for the interest to lag and instruction to become too desultory. Where well coordinated courses in infant hygiene have been introduced into the seventh and eighth grades of the public schools they have met with enthusiastic response on the part of the pupils and have paved the way for more intensive instruction later.

The community at large should have constantly kept before it the ideals and purposes of chdil welfare work. If presented in the proper manner it is usually easy to stimulate community interest. The community may be educated to the immediate needs for infants and older children by means of newspaper articles, magazines, pamphlets, posters, exhibits and motion pictures, as well as by lectures. The child welfare organizations working in any community should co-operate in a definite manner in the publicity which they attempt. In the larger cities a Bureau of Health Education as an integral part of the Department of Health, with a wide-awake publicity man, will be in a position to give the community better service than any one organization. It is the continuous daily effort in presenting various phases of child welfare to the public which far outweighs the sporadic outbursts of individual agencies.

The third line of education is perhaps the most important, at least so far as the preservation of our ideals and the development o infant welfare work is concerned. It, therefore, cannot be too strongly emphasized that the physicians of the community also need to be educated—we might say re-educated in modern socio-medical problems affecting the welfare of children. This work in a community can never be elevated to a higher level or skill and devotion than the medical and nursing professions raise it. In order to carry on the most effective service for children special preparation on the part of physicians and nurses is absolutely essential. For the physician the beginning of this training should hark back to the medical course where ample opportunities are afforded for education in the fundamentals of infant and child welfare. In a few medical schools this has already been done, and the results of the readjustment are already manifesting themselves in the communities where the young practitioners have settled. Where educational facilities are not thus afforded the general medical training must be supplemented by post graduate courses, by actual work in infants' clinics, and by a text-book study of the best methods of infant feeding and hygiene. It is the purpose of this paper to briefly outline the minimum requirements for the education of our medical students in child welfare work.

We must recognize at the outset that special work for children either along social or medical lines, has been of relatively recent development. For centuries the care of the child was simply incidental to other work in the family. Fetishes, superstitions and the advice of grandmothers made up in large measure the treatment of the sick child. As medicine gradually evolved out of magic and alchemy the child was treated as a part of general medical practice. Private practitioners and midwives did a large part of the obstetrical work in the community and the medical man was usually "tried out on the baby" before being admitted to the sacred precincts of "family physician". This intimate and personal relationship between physician and family led the physician to view his practice in a very individualistic way. If the baby was taken ill and a physician called to attend it he was very apt to closely circumscribe his relation to the family of which the baby was an integral part. The idea of responsibility to the community for the welfare of the baby has been of rather recent development.

The introduction of public health service with the growth of public health nursing met at first with considerable resentment among many physicians who felt that their "private practice" was being interfered with. It is not necessary to review here the gradual steps which have led the private practitioner out of his individualistic groove to a consideration of community problems. It is sufficient to state that we now view

the baby in its larger sphere as being raised for the good of the community. The family have simply been entrusted with the nurture and care of the child during its tender years in order to bring it to a position where it is an asset to the community. The changed attitude of the medical man towards the care of the children was very well expressed in a paper read at the last meeting of the American Association for the Study and Prevention of Infant Mortality. Dr. Lippman asked the question, "Is the pediactrician only a practising physician, only a teacher of his speciality?" and answered it as follows, "Most assuredly he is first and foremost a member of the body politic, a member of the community, a citizen of the country, and as such *it is his duty to exert all the influence that is at his command in the interest of the welfare of his community and in a larger sense of his country*".

We must acknowledge that considerable skill in the treatment of children's diseases was often displayed by our medical forebears. But their efforts were largely limited by empirical methods. The experimental era in medicine ushered in a new day. With the development of modern physiology, pathology and pharmacology it was seen that infants and young children should be considered not as "little men" and "little women" but as distinct entities to be treated by special methods. The problems connected with infancy and childhood opened up a very fruitful field for research. Studies in infant metabolism and the physiology of digestion paved the way for more rational methods of infant feeding. It became evident that if more babies were to be saved special attention must be given to infant hygiene. The idea of prevention loomed large on our horizon. There had been a widespread neglect of the slight departure from normal in babies. Both physicians and parents were prone to minimize the importance of mild gastrio-intestinal disorders. As Grulee remarks, "The tendency to disregard light gastro intestinal symptoms is so widespread that one feels helpless in endeavouring to caution even the profession in this regard, but the recognition and proper treatment of slight gastro-intestinal disturbances is of much more importance than the ability to treat more severe conditions when they arise".

Up to within recent times very little definite instruction was given in our medical schools to meet the pressing needs of infancy. Courses in the "diseases of women and children" were wedged in between the regular instruction in internal medicine or obstetrics. The instruction was often scattered and not linked up to clinical demonstration. Little, if any, opportunity was given students to carry out the details of infant feeding in their dispensary work. Gradually however, it was recognized that the problems of infancy and childhood were sufficiently intricate and apart to merit special instruction. Here and there arose medical

men of broad training who specialized in children's diseases and infant feeding. In the United States the first special clinic for instruction in the diseases of childhood was established in 1860 at the New York Medical College. It was some years however before pediatrics, as such, was recognized as a special subject demanding the entire attention of the instructor. To-day there is scarcely a medical school of note which does not have a separate chair of Pediatrics, but not all have yet grasped the significance of the socio-medical side of infant welfare work.

The number of physicians devoting themselves exclusively to pediatrics is comparatively small. Much of the work is still done by obstetricians and general practitioners, but there is a growing tendency for them to refer the more difficult cases, especially of feeding, to men trained in pediatrics. We must still recognize that the general practitioner is the first approach to the family. Considerable responsibility rests with him for the welfare of the child in his determining whether he is fully enough equipped to handle the case or whether he should refer it to a physician specially trained in this line of work. It is very evident to most of us that something more than mere medical treatment is needed for the welfare of many of the children coming to our attention. The socio-medical aspects of child welfare should therefore be presented to medical students as well as to practising physicians. If we are going to do the best possible for the children of our community there must be the closest understanding and co-operation between obstetrician, pediatrist and general practitioner. Each bears certain responsibilities to the public health service of the community.

There has been in many places an undercurrent of feeling that the public health authorities are antagonistic to the private practitioner, that they are trying to undermine and supplant his work. It is true, in a large sense, that we are all working for the prevention of diseases and the establishment of more hygienic modes of living, and this in itself will eliminate some of our work for the sick.

In all forms of public health service where the physicians have co-operated with health authorities it has not only reflected credit upon the profession but has established relations advantageous to the physicians themselves. The opposition which we met from a number of medical men ten or more years ago in regard to infant welfare work is gradually disappearing and in its place a keener interest in child welfare problems has come. The private physician for his own good should familiarize himself with the work of all child welfare organizations in the community and especially with the work for children of the local Department of Health. This interest is more actively stimulated in those who have had the advantage of training in child welfare methods during their medical course.

Can we adapt our present medical Educational Scheme to the needs for more training in infant and child welfare work? Most certainly we can, and furthermore some of the medical colleges have already worked out practical programmes which lead the student to an intelligent appreciation of such work. An ideal scheme for the education of medical students in the essentials of infant and child welfare would include instruction in the following:

1. Clear understanding of the structure of modern society with special emphasis upon the changes which are taking place in medicine from an individualistic to a community service.

2. Familiarity with the general methods of all social agencies working for the welfare of the child.

3. A knowledge of the causes of infant mortality and the most approved methods of prevention.

4. A good working knowledge of Obstetrics especially in its relation to the nursing and social needs of the community.

5. Experience in Maternity (Prenatal) Service.

6. A course in pediatrics laying special stress upon the fundamentals in infant hygiene and infant feeding.

7. Thorough instruction in modern pediatric methods with actual experience in Babies' Dispensaries and in an Infant Welfare Centre for prophylactic work.

The foundation for infant and child welfare work should really be laid in pre-medical courses. Well planned courses in sociology and economics give to the student a breadth of vision which proves invaluable in his understanding of the socio-economic problems connected with child life. For the best work in child welfare it is essential that the student gain a comprehensive grasp of the organization of modern society and understands the various functions of the agencies which have grown up to meet the needs of child life. A clear understanding of the relations which private philanthropies bear to the public health service for children should be obtained. The inevitable tendency of the community through its public health authorities to regulate or control all organizations dealing with babies and older children must be pointed out. No education is complete in these eventful times without instruction in the development of democratic ideals with the added personal responsibilities which they impose. The limitations which a rampant individualism places upon the community protection of child life needs to be very clearly understood. The student must be in a position to be able to sift out for himself the chaff from the wheat in our modern socialistic tendencies. In other words our plea is for a breadth of education in pre-medical courses.

Our medical courses themselves have been so crowded, and the demands upon the students' time for the so-called "essentials" so great, that the tendency has been to push aside definite instruction in child welfare. The clinical side has received somewhat more consideration, but only within recent times has it begun to get the attention it merits. A great deal, however, might be done from the very first of the medical course to stimulate the student's interest in child life without seriously interfering with the "fundamental courses". In fact within these courses themselves ample opportunity offers itself to impress the student with the differences which exist in infant anatomy, pathology and physiology as distinguished from adult conditions.

Definite instruction in the disorders of childhood and their relation to child welfare work will necessarily come in the last two years of the medical course. During the third year it is desirable to offer a comprehensive course in preventive medicine and hygiene. This will be made up of lectures, demonstrations and field work. Each student should be held responsible for the investigation of some problem in preventive medicine bearing upon child hygiene which he should report to the class. Special attention will be given to epidemiology and the prevention of the communicable diseases of childhood. A certain amount of statistical study should be carried out to familiarize the student with the value of exact birth and death records, the estimation of infant mortality rates, the various checks employed to estimate the completeness of birth registration, etc. Students should be given the opportunity to take observational trips to the principal public health activities in the community. They could study to advantage the water supply, milk production and distribution, methods of commercial pasteurization, housing, sewage disposal, fly prevention, and the local tuberculosis situation.

The time has fully come when every well regulated medical college should have a separate Department of Pediatrics with a full time professor and a staff of assistants who are competent to present the various sides of Child Welfare to the students. Pediatrics is a branch of medicine which has special problems to solve and it has developed methods of investigation which deserve consideration. It of course touches many other branches of medicine, but has more direct relation to the science of Obstetrics. The lines of cleavage between obstetrics and pediatrics are becoming more clearly defined. While the closest possible co-operation must be maintained it is coming to be accepted that the baby be turned over to the pediatrist as soon as the cord is tied. In some of our best medical colleges the routine is now established in having every baby turned over immediately to a nursery ward under the direction of the Professor of Pediatrics.

The work of the Pediatric Department is preferably arranged for in the third or fourth years of the course. During the third year at least two, and preferably three full hours a week of instruction should be provided in didactic and clinical work. This is intended to give the fundamentals in the diseases of infancy and childhood, including communicable diseases. Whenever possible the points brought out in lectures should be illustrated by typical cases in a Babies' Dispensary or Hospital. Stress should be laid upon the nutritional disorders of infancy and the principles of infant feeding.

In the fourth year the work in pediatrics and child welfare must be made more intensive, and concentrate upon a program for socio-medical work for children. A very satisfactory course has been included in the schedule of the Western Reserve University School of Medicine at Cleveland which seems to meet most of the requirements in the education of the medical student in child welfare work. Experience has shown that this course can be worked out satisfactorily and that the medical students go out with a sympathetic appreciation of child welfare. It may not be out of place here to simply quote from the recent Bulletin of the Medical School the work outlined for the fourth year medical students.

The pediatric work in the senior year, just as in the junior year, includes contagious diseases. Accordingly, the student spends two months in pediatric work. During one of these months, however, the contagious work is emphasized, and during the other month the other pediatric work.

During the month of concentration on the study of contagious diseases, the student is a clinical clerk in the contagious wards of City Hospital during the forenoon; and during the afternoon, except for scheduled lectures and elective courses, a clinical clerk at the Central Dispensary of the Babies' Dispensary and Hospital.

During the month of concentration in other pediatric work the student spends two whole forenoons, a part of three forenoons, and the end of each afternoon in the children's ward of Lakeside Hospital, where he examines, observes, and theoretically treats patients that are assigned to him. On two forenoons of each week for four consecutive weeks, each student spends a session of two hours as assistant to one of the Demonstrators in charge of a Prophylactic Babies' Dispensary. Here he has opportunity to acquaint himself with the natural and artificial feeding of normal infants and with the anatomy and physiology of a normal child. Finally, one whole forenoon is devoted to practical work in social medicine and in the milk laboratory. During the hours spent on the former, the student is brought into contact not only with the special social-medical work of the Pediatric Department as a whole, but also

with the general social work and social-medical work as carried out by other organizations, such as the Humane Society, Associated Charities, Tuberculosis Dispensary, Juvenile Court, etc. The work in the milk laboratory consists in first-hand demonstrations in the preparation of the various milk modifications and foods that are fed infants.

The outlook for more extensive, and at the same time more intensive work for babies and older children was never brighter. We are learning as never before the worth of the babies. It is absolutely necessary if we are to strengthen the fibre of the nation to pay more attention to the welfare of our children. The great war has impressed upon us as never before the grave necessity not only of conserving the children, but of affording them every opportunity to develop normally. It has become a patriotic duty as well as a professional one for the physicians who come into close touch with the family life of the nation to thoroughly inform themselves of the best methods of preventing infant mortality and of conserving child life. The day is rapidly passing when the general practitioner of medicine can look upon his "private practice" among children as simply a professional relationship between himself and the sick baby in the family. Every such relationship implies a community interest as well. The community has certain rights regarding the care of children which it must safeguard, and it is justified in demanding a high grade of preliminary education and medical service from the physicians of the community. The whole trend of modern child welfare work demands closer co-operation of the physicians with all organizations working for the welfare of children. It is not too optimistic to predict that every medical school worthy of the name will make ample provisions for the instruction of its students in every phase of pediatrics bearing upon the welfare of the child.

Read before the Child Welfare Section, Canadian Public Health Association, Hamilton, May 28th, 1918.

The Result of Three Years' Work in the Department of Child Hygiene, Toronto

Dr. George Smith.

THE story of the early struggle in Child Welfare Work in Toronto is much the same in every city. The same distrust is met with in the medical profession and the public. Passing over this phase of development, it is the speaker's intention to give an outline of the working of the Department of Child Hygiene at present, including information derived from our past work, and some of our plans for the production of healthy children and the lowering of our infant mortality rate.

At present there is held at the Toronto General Hospital, a clinic for the purpose of giving advice to pregnant women. Urinalysis are performed, blood pressure taken, and pelvic measurements made. It is expected that similar clinics will be held at three other large hospitals in the near future. A movement is on foot for the further care of the mother by the establishment of a Mother's Pension Fund. A mother's pension combined with a prenatal clinic will give an ideal arrangement; resulting in the better care of the children at home, and in the mother being able to prepare herself for the proper feeding of her expected infant.

Our system, just now, only gets started when a birth is registered at the City Hall. A booklet on Infant Care and Feeding is at once mailed to the mother. This booklet is revised yearly to keep the matter strictly up to date, and in advance of the booklets sent out by many patented food companies on these subjects. Probably more important is the visit of the public health nurse. The visit being made, as soon as possible, after the birth is registered. This visiting, and other work, done by the public health nurse is often difficult, great tact being necessary to win the mother and to do nothing to antagonize the visiting physician. Their work is entirely to help both. The mother in taking care of her child, and the physician by seeing that breast feeding technique, etc., is properly carried out. One great obstacle in the way, at present, is the latitude taken in the registration of births by the physician and parents. It is expected that legislation will come soon which will compel compulsory registration during the first 24–36 hours. This will enable the nurse to get in on the case early and will no doubt have the effect of greatly increasing the efficiency of her work.

If the physician is willing, the nurse arranges for the mother to attend the nearest Infant and Child Welfare Clinic. Of these, we have some twenty-two scattered over the city; five being in institutions and seventeen in buildings arranged for by the Public Health Department. These clinics are designated "Welfare" because no sickness is looked after; only such details as technique in breast feeding, weighing of infants, checking up artificial foods; in other words, looking after well infants and children. When the clinics started only infants were cared for; now not only the infants but also the children of pre-school age, then under the school physician for the school period, all tending to produce, not only an intelligent child but also a healthy one. *Mens sana in corpore sano.*

Publicity and Propaganda.

1. *Newspaper.*—Many personal experiences have taught us that the great percentage of mothers are anxious to learn everything that will help them in bringing up their children. One is equally convinced that mothers not so keenly interested, may be educated to acquire this desire for knowledge. The public as a whole, through popular magazines, lectures, etc., are becoming readers of public health problems. Feeling this to be the case, our department, for the past nine months, through the kindness of Mr. Cranston, editor of the *Toronto Star Weekly*, have acquired, for this purpose, as much space as we care to use in this well-known weekly edition. The newspaper medium was thought advisable for at least three reasons. The first, that we might advertise the welfare clinics as widely as possible. To this end a complete list of the clinics, their location, and time held, is frequently printed at the end of our welfare articles. Following this the mothers are extended a hearty invitation to come to the clinics. The second advantage gained was that we hoped to teach a great many helpful principles to such mothers, who, perhaps, live in the country, or even in the city, but were unable to attend the clinics. During the past few months the following subjects have been taken up in this way: "Advantages of Breast Feeding", "Proper Technique in Breast Feeding", "Disadvantages of Patented Food Feeding", "Proper Artificial Food Feedings", "Care of Infants", "Communicable Diseases", "Exercises for Children", etc. These articles are timed to suit the seasons. At present, as the hot months approach, a series of articles, on feeding and food problems, is being prepared. Besides original articles, helpful reading material is copied from other sources. The third reason, for acquiring newspaper space was that a question drawer might be started. From the number of questions being received, it is thought that this will become a very instructive department, as the questions are very carefully answered,

with a view of giving as much help as is possible in this way. Some letters are answered direct, but the majority are printed in the paper the following week, in this way reaching, besides the sender, all the readers.

2. *Mothers' Meetings, etc.*—To do the best Child Welfare Work, one must get in personal touch with the mothers. Through the clinics, only a certain number can be reached. There remains a large class who do not go because of failure to understand their purpose, or some other reason. In an effort to reach some of these, a letter is being sent to each minister of every church in Toronto, asking for co-operation in this matter. The principles, involved in Child Welfare Work, are pointed out and an appeal is made for addresses along this line, and for the formation of mothers' clubs for study of infant and child problems. To address these mothers, a class of some twenty public health nurses, has been formed. They have been chosen with a view of getting good tactful speakers. They are now being put through an intensive course on such subjects as, "The Importance of Immediate Isolation for all Sickness, besides the So-called Communicable Diseases", "The Function of the Nose and Throat in Relation to Adenoids and Tonsils", "The Caloric Method of Feeding", "Disadvantages of Patented Food Feeding". They will be prepared to give three or four talks, and be able to advise on any question which may come up. It is expected that these will be excellent comprehensive addresses. Already two nurses have given talks which were well given and very much appreciated by the mothers addressed. By these classes we expect to reach some of the best homes in the city; homes where advice is often needed just as much as in the poorer districts.

Beside the clinics which we have been describing, work is done in conjunction with the Hospital for Sick Children, to keep the babies from falling behind after they have been corrected in the hospital and sent to their homes. Two methods are used in an effort to accomplish this. The first is a follow-up system. All cases are discharged from the hospital with a card to report either to a child welfare clinic, or, if it has been a difficult case, back to the hospital out-patient department. At the same time, a duplicate card goes to the public health supervisor at the hospital. If the case does not report at the proper place at the time designated, a post card is sent out making a second appointment. If the mother does not keep the second appointment, a nurse visits the home to see why she has not done so. In this way, constant supervision is kept over the infants, whose resistance is not very good on account of previous illnesses. The second measure is a child placing department, under the charge of one of our public health nurses. She has two or three foster homes under her supervision to which are sent infants requiring careful

attention; perhaps their home surroundings are bad or they may be orphans. At any rate, they are placed in these homes until a higher plane of resistance to disease and greater tolerance of food is reached.

As a result of all these measures for safeguarding the infants, the infant mortality rate has been consistently dropping.

In selecting the areas for new clinics we have made use of a pin map, showing the infant deaths throughout the city. On three or four occasions, a clinic has been established where the mortality seemed the greatest. While our observations along this line has not been sufficient to give definite conclusions, still we are satisfied that a considerable decrease in the death rate has been made in these areas.

To emphasize the fact that the clinics are not for sick children, and to gain the co-operation of the neighbouring physicians, a card as follows is sent out to the attending physician when a new case goes to the clinic:

"You are recorded as the attending physician of this family. With your approval, the clinic would be glad to maintain supervision of the child, the case to be referred to you in event of illness. Any records we may have, such as weights, feedings, etc., will be available to you at any time. Your interest and co-operation in this work would be appreciated".

In attendance at each clinic are one or two nurses and a clinic physician. Both are well trained in this work. The physicians attend the Hospital for Sick Children for courses of instruction in feeding and other phases of Child Welfare Work. The nurses are all graduate nurses, paid by the Public Health Department. The actual work in the clinic requires careful supervision. The physician should see all the new cases and as many of the old cases as require attention. In connection with our clinics we keep a detailed account of the hours of attendance of the physician and nurse, the number of old and new cases, the number of cases seen by the doctor, and the average time given to each case. For example, in the month of March, the figures were as follows for one of the clinics:

Attendance of physician, 100%.

Doctor spent five hours; Nurse 19 hours, 35 minutes.

Cases 77. New cases 10. Seen by doctor 47.

For each case, 7½ minutes.

This is done to create competition and increase the efficiency.

The statistics for the past month have brought up several interesting questions. For example, some physicians see as high as 90% of the cases, while others see only 50-60%. The question arises, how many and what cases should be seen by him? It seems to the speaker that the solution to the question lies in having a well-trained and tactful nurse. She should be able to pick out the cases to be seen by the doctor, and

be able to handle the other cases so that the mothers shall all be satisfied. To do this the confidence of the mother must be gained and held by her. They must be convinced that she knows her work. So the best nurses should be picked as clinic managers. This enables the physician to go into all the new cases well and so give that confidence to the patients that they will know they are being well treated. This advertises the clinic and holds the case. The relief, from the cases not requiring to be seen by him, gives the physician additional time in which to give talks to the mothers as a whole. The nurse, also, should give short talks on subjects which she knows from experience her particular charges need. By doing this she not only helps her mothers in their difficulties, but by this means will often gain their confidence in her ability.

At some of these clinics two or three nurses are required, as much as twenty to twenty-five hours a month being given to a clinic; which means five to six hours a day. If the nurse is to run the clinic properly, she must have plenty of help. To this end we think it would be a good plan to have on hand two or three voluntary workers. The latter should be carefully chosen, and then given a few hours' instruction in this work. They could easily be trained to weigh the babies; in fact do all the preliminary time-consuming work. Judging from our experience with voluntary workers at the Hospital for Sick Children Out-patient Department, excellent service would be given by them. Follow-up work could also be done by them. The success of the clinic depends upon good organization with good workers, who come on time and who, all the time they are there, show the mothers they are vitally interested in their welfare.

In 1913, 364 clinics were held with an attendance of 3,926 In 1914, 830 clinics and an attendance of 10,809, while in the year just past 1,033 clinics were held with an attendance of 16,849. When the clinics started there were about 115 deaths per 1,000 births. Last year, the rate reached the very low figure of 80.4 per 1,000 births. This result is, we feel, a sufficient reward for our labour.

Read before the Child Welfare Section, Canadian Public Health Association, Hamilton, May 28th, 1918.

The Baby's Father

DR. HELEN MACMURCHY.

Part of the material in this article was used in an address at the inaugural meeting of the Child Welfare Section of the Canadian Public Health Association, at Hamilton.

WE are all to be congratulated on the inauguration of the child welfare section of the Canadian Public Health Association. Fortunately, the aim of the section is clearly indicated by its name. What is the chief means by which we are to attain that aim? Perhaps it has never been better expressed than by the Right Hon. John Burns, then President of the Local Government Board, when he said at the first conference on infant mortality in London:

"Concentrate on the mother. We must glorify, dignify, and purify motherhood by every means in our power."

Most true. But who is the person to glorify, dignify and purify motherhood? Is it not the Baby's Father?

Perhaps those of us who have been working for child welfare owe the baby's father an apology. Have we recognized him as we should have? Have we been reckoning without our host? When one looks over the whole field, not only in our own country but in other countries, it is impossible to be satisfied with the slow progress and the scanty gains that we have made. In infant mortality—for example: It is true that modern work for the prevention of infant mortality began in the Edwardian era at the beginning of the 20th Century and that some progress has been made. But still, compared with what ought to be, we cannot feel that results are satisfactory, except perhaps in New Zealand. If this is the situation it is wise to try a new point of view, to be willing to make a radical change in our methods if necessary, to acknowledge that we have been wrong, if we see it that way, and to call to our aid any new ally and to avail ourselves of the leadership of those whom we may have up to the present time ignored or neglected.

Would it not be well to put our case before the Baby's Father? To associate him more closely with our work and to remind him that after all he is the leader and we are only his agents, his advisers and helpers? We are in the position of Diogenes who was looking for a "Real Man". We are falling back upon the father because we have to and we shall not ask for his help in vain. His answer may be as prompt and as faithfully kept as the words with which a great king of Israel comforted his weeping

people—"To-morrow by the time the sun be hot, ye shall have help". One of the greatest new powers that the present awful war has liberated in the world is the power of action. People are not quite as dilatory as they were before the war.

The Five Armies.

When the doctor looks at the question of infant mortality and child welfare, he sees five armies, all under the banner of death. The leader of the First Army is the shadowy form of the Baby who Never Has Been, whose only existence was in the kingdom of hope.

It is long ago since "The Silence of Dean Maitland" was the most popular novel of the year, but there may be some who read these words and will remember a young surgeon, Dr. Everard, who was condemned to life-long imprisonment as a result of the silence of Dean Maitland about the crime of manslaughter of which he, and not the surgeon, had been guilty.

Twenty years after, the surgeon was released from the penitentiary, married Lilian, who had been faithful to him all these years, and they sat down together at last at their own fireside. "He thought and wondered, did Lilian think too, as she sat by his side, of another little group of child-faces who might have clustered around their hearth". Around that fireside were the ghosts of their children who never had been and now never could be. This is the first army that the nation loses—the Army of the Baby that Never Has Been.

But the name of our penitentiary is not Portsmouth or Stony Mountain but Selfishness and the reason that this baby has never been rests not so often with hard fate as with our own unhappy lack of thought and failure to realize where the real success of life is to be found.

The Second Army is led by another shadowy form—the Baby that Never is Born. Better care of the mother, more common sense and kindly consideration by the father, careful instruction and education by the right people and in the right way as to the preparation for parenthood would save a great many of those who now perish unborn. Sometimes we all do our best and yet fail—to do better still later on. And surely there are not many Canadians who do not live clean lives.

But when all this has been stated and agreed and insisted upon it still remains true that a spade must be called a spade and the name of the Spade in mortality before birth is sometimes Venereal Disease. Public opinion has moved with such marvellous swiftness upon this subject that it is possible now to do more good than harm by efforts to combat venereal disease. Indeed it is now possible to do a great deal of good and a great deal of good has been done and will be done. This second baby is the type of an enormous loss to the nation in man-power

and woman-power. Dr. Amand Routh and other eminent authorities estimate that infant mortality before birth from all causes deprives us of a number pf potential lives equal to the number that we lose in the first year after birth, that is, it doubles our infant mortality.

The Third Army is led by the Baby Who Arrives only to Depart. When David Copperfield found that the task of making his wife Dora a wiser woman was beyond his power, he hoped that "smaller fingers" would have been able to accomplish it. "But it was not to be. The tiny spirit fluttered for an instant on the threshold of its little prison and then, unconscious of captivity, took wing". Another very important part of our national loss occurs within a few days or even hours after birth.

The Fourth Army is led by the Baby that is Carried out of Life. Before he has knowledge to cry "my father" or "my mother" the land is bereaved of the child. In 1911 at the Royal Academy Exhibition in London the great picture of the year was Mr. E. Blair Leighton's "To the Unknown Land". In the foreground a beautiful female figure kneels at the margin of a river, her face buried in her hands, her long black robe falling in lines of wonderful grace and beauty about her figure majestic in the dignity of grief; on the flood of the river a ferry boat with the grim ferryman just dipping his oars, and in the stern of the boat a "dear and great Angel" tenderly bearing a little baby asleep.

There is no national loss more poignant or more unnecessary than the loss of a baby under a year old.

The Fifth Army is led by the Ex-Baby—the child under school age, the child who walks out of life on his own feet as it were. Some desolating disease, some untoward accident, carries him away and the nation loses another citizen.

Of all the horrors of peace the worst is infant mortality. Why is it? Because of our ignorance, inefficiency and lack of national imagination. The average citizen is not seized of the importance of this question at all. He has not had it put before him, yet it is a great national question and one that the average citizen will have to give his attention to. In other words, we must, as has been already said, state our case to the Baby's Father and secure his leadership, help and co-operation in this crusade, and we shall do it now with increased force because of the unanswerable arguments that we can now use. The appalling national loss which is the price we are freely paying for the freedom, the justice and the peace of the world can only be made up in one way. Infant mortality is the only other loss of citizens that compares with our losses in the war. The only place where we can adequately economize in our peace-time waste of man-power and woman-power is here in our infant mortality loss.

If any argument is needed to show that the Baby's Father is the one that can help us we might refer to the statistics of the Registrar-General

of England and Wales in regard to the death rate under one month. It should first be mentioned that formerly the opinion was held that deaths under one month were 75 per cent. irreducible, that is, it used to be thought that these deaths could not be helped, that the causes were beyond our control. Now we know better. We do not believe a word of the irreducible theory. The death rate under one month where the Baby's Father is a doctor, a merchant or an artist is below 25 per 1,000 births, and where the Baby's Father is a miner, a navvy or a scavenger the death rate under one month is 45 per thousand births.

Again the death rate under one month in a place called Watford, England, is 19 per 1,000 births, but in a place called Workington it is 45 per 1,000 births. So what we need to do is to study the problem before us so as to understand it and do something to set matters right.

Consider this. The general infant mortality rate is 100 per 1,000 births. But the "illegitimate" infant mortality rate is 200 per 1,000 births.

That is what-happens when the Baby's Father never reports for duty at all.

What then shall we do? Two things are obvious. First let us take the Baby's Father into our confidence. Tell him that there is a war on and get him to enlist and to report for duty. We have never told him yet that child welfare depends on him and how should we expect him to know his duty if no one explains it to him? How do we learn our duties as physicians? Our professors, instructors and clinicians drive them into our hearts and minds steadily for five years. Anything that they forget (which is not much) is driven into us by the general public and our patients. They soon let us know what is expected of us. As Kipling said: "It is required of you in all time of famine, plague, pestilence, battle, murder and sudden death that you report for duty at once, that you go on duty at once and that you stay on duty until your conscience absolves you or your strength fails you—whichever happens first".

But did we ever tell the Baby's Father what was required of him? Did we ever say that this was national service? Do we ever treat the man who has made a home as any better than the man who has not?

"There is one more bit of advice in these days which we might give to young men. The war seems to make it somehow wrong that a young man of decent character, in good health and steady work, should remain unmarried".*

What we seem to need is a change in public opinion. We cannot interfere with people's private affairs, you say. No, I know that. But we could show that we have a higher opinion of those who make a home. We could use our influence in the right direction. Probably those with

*Stephen Paget.

whom we have influence would be profoundly impressed by anything we might say to them. How do they know we care anything at all about it? We could show them that we cared.

Our second very obvious duty is to treat the average citizen as the Baby's Father ought to be treated. When the census man says, "This man is a scavenger" the Country says, "Oh, no, we have changed all that. He is the Baby's Father". When the school says, "This is a boy of fourteen just leaving school", we say, "Not a bit of it, he is to be the Baby's Father". When the employer says, "You cannot give every man a minimum wage" we say, "The Baby's Father must have a living wage at least, and a good one, but of course he must work for it". In other words a man must have the wages, the housing and the education that the Baby's Father needs.

THE REAL SUCCESS.

"Daddy" wrote a letter.* It was from Paris where apparently he had been sent by the United States on a diplomatic mission. After telling something of what is going on, the letter mentions that on the writer's desk is a photograph of the boy to whom the letter is addressed—his first picture in khaki. This is the last paragraph of the letter:

"Let me whisper a secret. While it has tickled my vanity to know how proud you are of the old man's little successes, and it has been a real spur to me, yet all the while I know, and so should you, that you are my real success. All that I ever dreamed of doing or being I know you will accomplish if you come through this war alive.—Daddy."

The Baby is the Real Success.

*Outlook, April 24, 1918.

Minutes of the Section of Infant and Child Welfare of the Canadian Public Health Association held at the Royal Connaught Hotel, Hamilton, on Tuesday, May 28th, 1918, between 500 and 600 physicians and social workers being present.

The first regular meeting of this section was opened with an address by the Chairman, Dr. Alan Brown, on the "Problem of the Rural Mother in Infant Feeding".

Dr. Grace L. Meigs, Director of the Federal Children's Bureau, of Washington, then spoke on "Infant Welfare in War Time". He emphasized that the care of the children in war time is recognized as being of the greatest importance. In the face of great difficulties much has been done in every country for infant welfare. In the States a year's

campaign has been inaugurated by the Children's Bureau in co-operation with the National State and Local Child Welfare Committees of the Council of National Defence to save the lives of 100,000 children in the second year of the war, that is from April 6th, 1918, to April 6th, 1919. At least 300,000 children under five years of age die in the States each year, and half of these deaths are preventible. The plan of the campaign is briefly thus; each state is given so many lives to save according to the size of the state. We are trying to stimulate interest and arouse everyone in the country to the importance of Child Welfare work in war time. We hope to double or treble our quota of public health nurses. One of our great difficulties is the shortage of public health nurses. This question is of great importance both in the States and Canada.

At a recent convention of a Nursing Organization in Cleveland plans to increase the supply of nurses were made It is of course impossible for a lay person to take a nursing course of two or three months and then be able to do the duties of a specially trained public health nurse. Plans were made as follows:

1. To stimulate the interest of graduate nurses to take up public health nursing there were 2,000 more nurses this year than of the previous year.

2. To urge college trained women to take up nursing as a patriotic service. A three months' course was offered to graduates of Vassar, this combined with two years and three months training in a Training School for nurses would cut short the usual three years' course by nine months especially in connection with all military hospitals. It has not yet been decided whether or not this will be agreed to by the authorities.

3. Each State to try and retain nurses trained in the State for their own Public Health nurses as a nurse would be more useful in her own State.

She further stated that work in the rural districts was of great importance and much could be done in this connection especially in the eastern states. A bureau of Pre-natal work has been established in Washington and pamphlets sent out throughout the country. Many letters were received from prospective mothers in which they stated that it was impossible to follow out the instructions in the pamphlets, living as they did away from civilization, nurses and physicians. It is stated that a woman being confined in the winter months is taking her life in her hands unless she can go to a city or town in the Fall and stay there until the Spring as otherwise it is impossible to get help to her. Looking to Canada we hope to have established in the States small rural hospitals with the necessary service and needed advice for women during pregnancy and confinement. While that will not fill the bill entirely it will be a great step in advance toward helping these rural mothers. We in the

United States are looking to you Canadians to help solve this problem of helping the women in the rural districts and then if you will let us, we will copy it.

Dr. Richard Bolt, of Cleveland, then read a paper on "The Medical Student in Relation to Infant and Child Welfare".

Discussion was opened by Dr. C. J. Hastings of Toronto, recently elected president of the American Public Health Association. Dr. Hastings spoke of the papers of Dr. Meigs and Dr. Bolt which he thought were very idealistic. He mentioned the importance of teaching the medical student of to-day Infant Feeding and Infant Child Welfare. He then referred to the paper by Dr. Alan Brown in connection with infant feeding stating that the mother who deliberately weans her child when she might nurse it is morally responsible for its death if it fails to survive.

The blame, however, should be divided between the physician and the mother because he also should be blamed if he does not point out to the mother the importance of nursing her child and the dangers of artificial feeding. In connection with safeguarding the milk, this should be strongly emphasized. Pediatricians do not all agree on this point. There still lingers among some of them the idea that scientific pasteurization affects the nutrition of milk. I do wish that this idea could be entirely expelled and that all milk, I would even include certified milk, be pasteurized. If we would ask a physician if the vitamines are destroyed in this process of pasteurization he will give you all the details, but if a chemist is asked regarding this he will say that unfortunately we know very little about vitamines. In our cities all milk is pasteurized, except certified, but not in the country. Here the milk is not free from barnyard contamination nor is it bacteriologically clean. Twenty-six per cent. of all cases of tuberculosis in children under sixteen years of age is of the bovine type and contracted through the milk supply.

If we had more men of the type of Dr. Alan Brown and Dr. George Smith, who have both done such excellent work in connection with Child Welfare in Toronto the administration of this newly-born society of Child Welfare would be easy and the progress rapid.

Discussion.—Dr. H. Mullin of Hamilton then said a few words in which he thanked both Dr. Meigs and Dr. Bolt for their splendid papers and remarked that if we had the co-operation with the daily press that is evident in the States the progress with our work might be more rapid. He also made a plea for the general practitioner. There are so many specialists, that the general practitioner is almost forgotten and his work in the country towns and rural districts is of the utmost importance.

Dr. Arnold of Buffalo then referred to Dr. Helen MacMurchy's splendid paper on "The Baby's Father". If we are to reduce our infant mortality still lower this must receive our consideration. An effort

should be made to standardize the literature which is being sent out and not have one statement contradicting another in the same pamphlet. In the Campaign in the States to save 100,000 babies appeals should be made to the pediatricians and institutions for help and not only to women's organizations and clubs.

Dr. Bolt then rose in defence of the ladies. He stated that possibly Dr. Arnold had not been married as long as he had and therefore did not know how to use enough tact. He stated that they wanted the co-operation of the women as well as the pediatricians and institutions and further stated that in Cleveland they have organized a committee of which the Mayor is a member consisting of 50 men and 50 women in order to further the work.

Dr. Hill then spoke saying that this was the best series of Public Health meetings that he had ever attended at any one time. I want to include the address of the chairman and Dr. Hastings as chairman's addresses are often left without mention and Dr. Hastings was impromptu. The outline of the work and education of the medical man of to-day as given by Dr. Bolt is splendid. I have always regretted that I was not taught anything along these lines.

Dr. Meigs then introduced Mrs. Hannington of the Victorian Order of Nurses, and she spoke very earnestly concerning the work done by these nurses and the urgent call for more help. The greatest problem is that of help to the rural mothers. Something to help these mothers in their time of need should be done. In Western Canada the need is very great. We here in the East are just beginning to realize the problem. In Alberta and Manitoba hospitals and nursing schemes are being worked out and adopted. We want to send well trained nurses to establish these small hospitals. We hear of so many cases where a woman and her baby have died due to lack of help. We have in Canada 55 districts with 22 small cottage hospitals, some of these are very primitive, the provision of the board of health is very inadequate but they have helped. Last year at some of these hospitals women left their weakly babies while they did the farm work. What we want to do is to establish many such small hospitals at different parts of the country and have the nurse work within a radius of 100 miles, to do this the nurses must be provided with a motor. We have received a municipal grant of $1,200 in order that we may do this. The care of the rural mothers and their children is the greatest work that we can do if we are to build our nation into the nation we hope for.

The meeting adjourned at 12.45 p.m. to be followed by the round table discussion and election of officers for the ensuing year.

Round Table Discussion was called to order at 2.30 p.m., Dr. Alan Brown in the chair. Dr. Huerner Mullin of Hamilton, elected chairman of the Section for the ensuing year; Dr. Lionel M. Lindsay of Montreal, secretary of the section; Chairman of Committee on Obstetrics, Dr. Gordon Gallie of Toronto; Chairman of Committee on Pediatrics, Dr. Lionel M. Lindsay of Montreal; Chairman of Committee on Propaganda, Dr. Jameson of Alberta and Mrs. Hannington of the Victorian Order of Nurses as one member of the committee; Vital and Social Statistics, Chairman, Dr. Helen MacMurchy, and R. E. Mills of Toronto as one member of the committee; Child Welfare Work in War-Time, Chairman, Mr. Frost of Hamilton; Public School Education for Prevention of Infant Mortality, Chairman, Dr. Hill of London; Rural Communities, Nursing and Social Work, Chairman, Miss Power of Toronto, Miss Forsythe and Miss Beith, both of Toronto, as members.

Moved by Dr. Spohn and seconded by Miss Forsythe, that the chairman of each comm'ttee select three members for his committee.

Suggestions offered.

Dr. Bolt suggests the use of several pamphlets, such as Food for Young Children by Dr. Caroline Brown; Care of the Baby; Feeding of Children two years old.

Dr. Smith has copies of all these pamphlets.

Dr. Bolt also suggested that possibly we might have Banks or institutions publish these pamphlets, provided we allowed them to advertise in them. He found it quite successful. In the public schools of Cleveland there are public health nurses who are specially trained, and who give a definite course of instruction to the girls in Infant and Child Hygiene, also Domestic Science. They are also taught the making of garments. Each lesson is completely outlined and questions asked, and the whole course is revised yearly. He stated that they would be glad to send copies of the programme. The results are just beginning to show in these girls, and many of them have to take care of babies at home, and in this way we indirectly teach the mothers also. The course is compulsory in the public schools.

Mrs. Hannington then remarked that public school education nowadays seemed to be taking the girls out of the home, and wished that some course of this sort could be established in the school of the prairies.

Dr. Jameson stated that they have public health nurses in Alberta who are working in the school, and who hope to eventually visit the homes.

Meeting adjourned at 3.45 p.m.

Secretary—George Smith. *Chairman*—Alan Brown.

The Social Background

National Conference of Social Work, Kansas City, 1918

MR. AND MRS. A. H. BURNETT

THE National Conference of 1918 was somewhat different from its predecessors in several respects. In the first place the new constitution came into force for the first time whereby the different sections, dealing respectively with Children, Delinquents and Correction, the Family, Mental Hygiene, Public Agencies and Institutions, Health, Industrial and Economic Problems, and the Local Community were enabled to organize as independent units within the Conference as a whole, thereby securing more democratic control of each section by the members interested in that particular subject, and allowing for a fuller programme condensed in a shorter space of time. In addition to the section meetings, held morning and afternoon, the old custom was followed of having general evening sessions of the whole conference, dealing with the more popular and less technical aspects of the various section subjects.

In the second place this conference was the first to feel the influence of the war in an overwhelming degree. This was manifested both in the war-time character of the majority of the speeches, and also in the absence of many well-known figures from the Conference, engaged in national service at home and abroad. This inevitably affected the general standard of the programme adversely. The general tendency of the conference, in view of the present situation, was to discuss methods of war-time organization for various and sundry purposes, from Red Cross Home Service to School Luncheons for mal-nourished children. There was a conspicuous lack of discussion of fundamental aims and ideals, and a great deal of what was said by many speakers represented "paper organization" rather than real social experimentation. The hysteria of war affected a large number of those who took part in the conference, and patriotic sentiment was made to cover a multitude of sins in the nature of sloppy thinking and incorrect analysis.

The section that suffered least from this affliction and produced, perhaps more than any other, at least an attempt to think through to fundamentals, was that on Industrial and Economic problems. In the general session held under the chairmanship of this section Mr. S. K. Ratcliffe, late of the *Manchester Guardian*, and now special correspondent

for the *London Daily News*, spoke of "British Labour; its Aims, Constitution and Leadership". While, for those who were already familiar with the programme of this party, and the history of its development, Mr. Ratcliffe did not say much that was entirely new in the short space of time allotted to him, he did succeed in striking the note of courageous optimism in the task of reconstructing society, which is perhaps the most striking feature of the British Labour Movement, in contrast to much that is being thought, and said and done by "reformers" on this side of the Atlantic. He spoke of the new community spirit of the people that had come out of the war, a spirit born not of "organization" but of common struggle and suffering, of collective effort and collective sacrifice for the common good. And this spirit, born of the war, was already looking forward to the prospects of peace with the determination that the England which is to be should be better and greater than the England of the past. And in order to achieve this no effort would be too great for those who had witnessed the sacrifice of all to the cause of the war. They had been brought to realize that "money is dross, and the only wealth that counts is life", and that society must be reconstructed from the bottom up in order to accord with this principle.

But this new point of view, startling as it may appear in its radicalism, and in the tremendous weight of popular support that lies behind it, is the fruit of many patient years of thought and work on the part of many Englishmen. Although the war provided the impetus, and to some extent the education, necessary to achieve the new Labour Party, the development of trade-unionism in England was the foundation stone on which the subsequent structure has been raised. And the leaders of the movement, men such as Henderson, Webb, Snowdon and Ramsay MacDonald, are not men born of the moment, but men who have received a hard training in the school of experience, who have known what it is to be "prophets crying in the wilderness" and who, now that the time is ripe for the fruition of the things for which they have laboured long in a position of hopeless minority, can bring the wisdom that is the product of that experience to the guidance of the new movement.

In other words the attitude of the British Labour Party is not an instance, as some rashly conclude of "revolution", but rather of a steady "evolution" the pace of which has been hastened by the stimulating conditions of war.

Roger Baldwin in the section meeting on Social Work and Radical and Economic Movements, challenged social workers with the statement that they are not the builders of a new society, but are concerned, whether as case workers, as propagandists for some sort of social legislation, as community workers in non-essential forms of activity, in transferring moneys from the public treasury, or the pocket of the

private philanthropist to serve the "submerged" in one of a number of different ways. With this he contrasted the procedure of the new Soviet governments in Russia, as reported by John Reed, lately returned from that country, where the unfortunate in any community are being cared for by their own local co-operative groups, rather than by private philanthropies at a central bureau in Petrograd. Mr. Baldwin characterized the Radicals as those who stood for co-operative standards of industry, and the total abolition of profit, rent and interest, and spoke of the I.W.W. in industry, and the Non-Partizan League in politics, as being the forerunners of this movement in America at the present time. The common characteristic of these groups is that their attention is centred on the rich and powerful, instead of on the poor and outcast, and they represent the strongest ethical and religious force at present working in the attempt to recreate the world, rather than patch up the social order that at present exists. It is because the social worker professes to be attempting this job that he is challenged by those who have dedicated themselves to its achievement through the mass action of the peoples. In conclusion Mr. Baldwin said that social workers could join forces with this movement in three ways.

(1) By giving publicity to industrial evils.

(2) By interpreting the aims and ideals of the radicals through their own jobs.

(3) By democratizing social work to the fullest possible extent, as the Social Unit Organization is at present attempting to do in Cincinnati.

Hornell Hart following the same theme, referred to the part played by the Fabian Society in generating the ideas that have borne fruit in the new British Labour Party. He characterized the radical attitude as being the attempt to go to the root of the social problems with which we are faced, and declared that the roots of these various problems are so interlaced that all must be studied together, with the aid of Social Statistics. To root out misery, poverty, disease and crime requires persistent scientific research in each case, to discover how this inter-relation exists and to determine the most direct, and most effective method of attack. It would seem that social remedies must follow two courses,

(1) The elimination of the mentally unfit, those families that inevitably break down under every type of social pressure;

(2) The maintenance of certain minimum standards of living in order to prevent the first breakdown, which inevitably results in weakened resistance to all other forms of social pressure.

Prof. Jas. H. Tufts, of Chicago, gave an address on Why Social Workers should Study the Need of Health Insurance, and took as his text the gap that exists between the advance made recently both in medical science and economic science in methods of providing security,

and those who most need the benefits that this advance should secure. The advance in medical science he pointed out is available for the very rich, who can pay for it, and the very poor, for whom it is provided free, but for the great majority of the population lying between those two extremes it is inaccessible.

The group-principle and the time-principle have been evolved to a high degree in making possible Insurance, but the three great hazards for the poor, sickness, unemployment and old age are largely unprovided for.

We have also developed a considerable degree of efficiency in our organizing and administrative machinery, but the gap still exists between these and the problems with which they should deal. The American distrust of expert guidance is a factor in this problem, and the question arises as to whether some democratic system of state provision for personal risks may not be devised, possibly requiring all people to make some provision for the hazards of life, providing public facilities for the care of sickness, and leaving to private organizations the matter of benefits.

The security which our fathers enjoyed through the possession of private property is largely passing away, the way of the future inevitably lies in the application of the group principle to the problem of providing security for all against risk, and insurance is one application of this principle. Prof. Tufts had no ready-made solution to offer, but gave this penetrating analysis of the problem as an indication of the direction in which we must proceed to the discovery of such a solution.

Mr. Harlan Read, of St. Louis, spoke on the Problem of Inheritance, taking as his underlying principle the premise that the title to wealth consists in the labour of the person receiving the wealth and that the father has no right to endow the child with wealth that the child has not earned, thereby injuring both the recipient and the community. He characterized the conception of the "Divine Right of Heirs" as the legitimate descendant of the "Divine Right of Kings", and declared that democracy was as much the enemy of one as of the other. The objection that to prevent inheritance is to interfere with natural family sentiment he met with the statement that the well-being of their children is equally important to all parents, and that family feeling should be universal, not particular, looking for the greatest good for all children rather than the enrichment of a few at the expense of the many.

The section on Health produced at least one constructive speaker in Mr. Lawson Purdy who, under the heading of The Housing Problem in War-time, spoke on conserving development increment for the community. It was his opinion that the Housing schemes that the government was being obliged to undertake owing to the exigencies of war-time

industries might be made very fruitful demonstrations of the possibility of democratically owned and governed communities. To this end it would be necessary for the government to refrain from selling any of the property acquired for the erection of these war-towns to individual owners, and to allow the community instead gradually to buy them from the Government with the surplus accruing from the increased value of the property. When this had been done all surplus value would be devoted to community development, and would serve as municipal revenue. The government of the community would of course be in the hands of a democratically elected body and the common ownership of the land utilities would remove the most fruitful sources of political graft from the municipal council.

Such an experiment, if successful, would undoubtedly open the way to the gradual extension of the principle of conserving development increment for the community, and might be a means of solving many of our problems, among them the persistent Housing Problem.

Under the chairmanship of the section on Industrial and Economic Problems Miss Lathrop spoke on State Care for Mothers and Infants, outlining the policy of the Government in the inauguration of "Children's Year". She spoke of the change in opinion that had been brought about since we realized that infant mortality was preventible, and that "the Lord gave, the Lord taketh away" was no longer a satisfactory explanation of the tragedy of infant deaths. We have not gone very far, however, in acting upon this knowledge, and infant death rates all over the country are criminally high in face of it. As a war-time measure, therefore, in conserving the life of the community the government had decided through the agency of the Women's Council of Defence to start a campaign to save 100,000 babies during the year. The method to be adopted was to secure as far as possible the registration of all children of pre-school age in order that they might receive weighing and measuring tests which would discover the sub-normal ones, and make possible preventive work.

Speaking under the section of Social Problems of the War and Reconstruction at a general evening session Jane Addams discussed the subject of World Food and World Politics. She pointed out the revolution that the war has brought to the standards of commerce in the necessities of life. We now reckon our future crops from the standpoint of the world's need, not from the standpoint of the competitive struggle for gain. The nations of the Allies have actually been brought to pool their resources in food in order none may starve in the unequal struggle. Why should this not pave the way for the internationalization of commerce? Tariffs have fallen flat in the face of need. Why not? Already the principles of common ownership of strategic water-ways has been enunciated, and the right of all nations to an outlet to the source of supplies. Out of this real

economic and social need, rather than out of vapid moral sentiments, must grow *de facto* arrangements to secure permanent peace if this war is really to be the end and not the beginning of other wars.

The temporary section on the Organization of Social Forces secured Prof. E. Park of the Department of Sociology, University of Chicago, to speak on Methods of Forming Public Opinion Applicable to Social Welfare Publicity. The suggestions that he gave were applicable to Councils of Social Agencies, and Federations of Philanthropy rather than individual agencies, showing that some sort of federation is necessary in order to meet the present day needs of social advertising.

Prof. Park characterized the generality of such advertising in the past as being too individual in its appeal, having been calculated to appeal to "the finer sentiments which are the luxury of the few" rather than the interest in practicable problems which is common to the many. It has also been too much concentrated on the financial aspect, and has neglected the educational side. It has not been democratic, in that the social worker has stood in his relation to the public as a "hired servant" to mediate between the giver and receiver, and has not attempted to allow for the practical and imaginative participation of all in the life of the community, which is the essence of democracy. The "hard luck story" which has been such a favourite method of appeal with the individual agencies in the past has been overdone. Such stories are conventionalized now, and have lost their interest in consequence.

Prof. Park made the following constructive suggestions:

(1) Social agencies should have a local press bureau for the purpose of mobilizing and establishing a community of purpose and morale, which should be a more vital thing than mere organization, and of making social news in order to obtain community support for the social legislation which is seen to be necessary as a result of the data which the agencies have accumulated. Social Science is an empirical science, and the material for its erection must come from the social agencies.

(2) The least expensive, and most effective way of obtaining publicity is to do *fundamental research work*, with the object, not of putting across some preconceived idea, but of actually discovering facts upon which to base an intelligent understanding of the community's life. Experience should be progressively recorded in order that we may progressively profit by it.

The problem of the Negro was one that received a good deal of attention in several of the sections in the conference, largely as the result of the recent migration of large numbers of negroes to the northern cities.

Two negro speakers discussed the subject of racial co-operation, stating the problem, and describing some of the work that had already been accomplished by the League on Urban Conditions among Negroes.

In discussing the problem Prof. Kelly Miller, of Howard University, said that "it varied directly as the square of the distance that it was removed from the areas where the black race was concentrated". He saw it as a two-fold problem, involving at once the weaning of the white man from his prejudices, and the raising of the black man to the level of the white man's race. The method of approach he considered must be cognisant of three fundamental propositions:

(1) That objects which must remain together in a given locality must of necessity discover a "modus vivendi".

(2) One ethical standard must be applied to all men alike.

(3) The negro is endowed with potential human powers, although retarded in development. The white race is the trustee of civilization.

In spite of differences it is possible for people to agree on definite common aims. The two races should co-operate to wipe out those things which are universally recognized as evils, and to promote those things universally recognized as good.

The part of the negro in racial co-operation Prof. Miller conceived in the first place as being that of furnishing "inside information" on the subject. He could at least tell those who wished to "uplift" him how the treatment felt. He was also ready to forgive the white man for injuries inflicted in the past if the white man was ready to begin anew. And, after all, people who want the same thing will inevitably find themselves in co-operation with each other. There is still the pharasaic tendency in the world to-day to ignore suffering, and to ascribe it to the personal iniquity of the afflicted. If we will reverse this attitude, and set to work to remedy the sorrow and suffering and affliction at our gates to-day we may evolve racial co-operation in joint service for the welfare of all.

The work of the Urban League was described by T. Arnold Hill, the executive secretary of the Chicago League. It had taken the form of attempting to help the new comers to the northern cities to accommodate themselves to their environment, and to secure fair play and better conditions for them in the communities into which they came. The services of the old negro residents had been utilized in the effort to raise the standards of the newcomers, and to teach them the elements of civic responsibility. The perennial problem of housing, infant mortality, recreation and delinquency had been intensified by this migration, which had thus been a means of calling attention to abuses that had previously been overlooked. The urban League had attempted to mitigate these evils. In the economic field the Urban League had secured recognition of negro labour by the A.F. of L. and recently by the U.S. Dept. of Labour. It had operated employment bureaus to counteract the danger of exploitation of the new emigrants, and had urged the latter to become

affiliated with organized labour whenever possible. It has employed labour agents and welfare advisors whose assistance has been sought by many firms in thirty odd different localities in coping with the problems attendant upon the migration.

Under the joint chairmanship of the Sections on Children and Health Willard S. Small, U.S. Bureau of Education spoke on Universal Physical Education. He put forward a radical and constructive programme which would revolutionize school-life rather than merely add a little dose of so-called "physical training" to the established curriculum.

A hygienic life consists in fuel (food), air, and exercise, in proper combination. Physical education consists in developing this hygienic condition in the growing child, rather than in correcting defects after they have been allowed to develop through bad training or neglect. Physical activity is fundamental, and much more important than grammar or languages. The day before the child enters school about eight of his ten working hours are given to muscular activity; five of these eight to heavy muscular activity and the remaining three to some form of hand-work. On entering school the situation is reversed, and it is only by being a very "bad boy" that he can manage to secure that eight hours of physical activity which is natural to him.

The result of our past and present system of education we see in the rejections from the draft. The difficulties in the way of reform are intensified by the problem of "State Rights", as a result of which conditions are very unequal throughout the country. In one state for instance 85% of the registrants were physically fit while in another of similar size (and this was not the worst), only 56% were accepted. The only way of equalizing these differences is through some sort of federal legislation. It might be possible to make conditional grants from the federal to local authorities which would ensure adequate provision on the part of the latter for this phase of education. We must initiate a national programme which shall look forward to a different future. "The old world is dead even though some of us are still walking round in a somnambulent state", and there will be no return to the shameless libertinism which characterized thought and action in pre-war days. "The real victory in this conflict will be to the nation which, twenty years from now has the greatest number of strong men and women".

The Provincial Board of Health of Ontario

Report of Communicable Diseases for the month of June, 1918

SCARLET FEVER.—It is gratifying to know from reports of Local Boards of Health for the month of June that the prevalence of this disease shows a marked reduction compared with the first five months of the year, when the average monthly cases were 360, but for June only 196 cases and four deaths were reported. The case mortality during this period was very low, the highest being for the month of April, 4.1 and the lowest 2.04.

DIPHTHERIA.—This disease shows a greater decrease when the average monthly cases for the same months were 320, and for June only 136 with 13 deaths. The free distribution of antitoxin amounted to 7,367,000 units, at a cost of $1,105.

WHOOPING COUGH.—Whooping Cough prevails to a greater extent than for the same month last year as may be seen by the comparative table. The Provincial Board distributed 281 boxes of 14 c.c. each, and 71 boxes of 10 c.c. of Pertusis Vaccine for the treatment of this disease, and have received several communications acknowledging the beneficial results of this treatment.

MEASLES.—Reports of Measles show a decrease of 510 cases compared with May last when 1,936 cases and 12 deaths were reported, but 1,000 more cases than in June 1917.

TUBERCULOSIS.—It will be observed in the comparative table that more deaths have been reported than in June last year, but this is partly due to some additional deaths reported by the undertakers that the secretaries of the Local Boards of Health failed to make. It is to be regretted that so many secretaries make incomplete returns, and in some instances no reports at all, which is a violation of The Public Health Act: sec. 24, which reads: "The secretary of every local board shall report weekly to The Provincial Board the number of cases and deaths from communicable diseases, and the number of deaths from all other causes occurring in the municipality during the preceding week upon a form to be supplied by The Provincial Board".

UNDERTAKERS' RETURNS.—Some of the undertakers are just as negligent in this respect as the secretaries of the Local Boards of Health, and instead of making prompt returns of deaths as required by the regulations, we find that some are so remiss in their duties as to make them from three to six months after the deaths have occurred, and consequently they are of little use for statistical purposes. Undertakers neglecting to make returns will be prosecuted in future.

SMALLPOX.—Only 15 cases were reported for the month from the following places: St. Thomas; 2; Dutton 3; Petrolia 1; London 2; Whitney 1; Tillsonburg 1; Vankleek Hill 3; West Hawkesbury 1; and Springer Township 1.

CEREBRO-SPINAL MENINGITIS.—Nine cases and eight deaths were reported from the following places: Tilbury Village, Warwick Township, Niagara Town, Port Hope, Parry Sound, Wilmot Township, Thorold and Toronto, one death each. Mulmur Township, one case.

ANTHRAX.—One case from Peel County—died in Toronto.

COMPARATIVE TABLE.

For the MONTH of JUNE, 1918.

	1918		1917	
Diseases.	*Cases.*	*Deaths.*	*Cases.*	*Deaths.*
Smallpox	15	0	13	0
Scarlet Fever	196	4	173	8
Diphtheria	136	13	215	14
Measles	1426	8	488	7
Whooping Cough	277	11	56	5
Typhoid Fever	24	6	14	3
Tuberculosis	172	147	158	96
Infantile Paralysis	1	0	4	0
Cerebro-spinal Meningitis	9	8	12	1
	2256	197	1133	134

For THREE MONTHS: APRIL, MAY and JUNE.

	1918		1917	
Diseases.	*Cases.*	*Deaths*	*Cases.*	*Deaths.*
Smallpox	125	—	33	—
Scarlet Fever	903	26	570	13
Diphtheria	578	49	636	43
Measles	4822	31	1993	15
Whooping Cough	768	23	220	8
Typhoid Fever	89	15	234	15
Tuberculosis	568	393	474	267
Infantile Paralysis	9	3	6	1
Cerebro-spinal Meningitis	39	26	32	15
	7901	566	4198	377

To Medical Officers of Health.

Copies of the Regulations respecting Venereal Diease were mailed to all Medical Officers of Health before the First of July. Forms I to VI inclusive, also weekly report cards will be sent forward within a few days.

The Medical Officers of Health should see that physicians within their jurisdiction are supplied with these forms.

Regulations of The Provincial Board of Health, Ontario respecting Venereal Diseases

(*a*) FORMS.

The following are the forms prescribed under the Venereal Diseases Prevention Act:

(a)—FORM I V.D.

NOTICE TO PERSONS SUSPECTED TO BE INFECTED OR EXPOSED TO INFECTION WITH VENEREAL DISEASE.

To.....

You are hereby notified under authority of the Venereal Diseases Prevention Act to present yourself before a legally qualified medical practitioner for examination within *twenty-four* hours after the receipt of this notice. You are further notified to procure and produce to me, the undersigned, *within twenty-four hours* following examination, a report or certificate of the aforesaid medical practitioner as to whether you are or are not suffering from venereal disease, and if so in what form.

(Signed)

.....

Date..... M.O.H.

Penalty for NON-COMPLIANCE, a fine of not less than $25.00 nor more than $100.00, or in default, imprisonment for three months.

(a)—FORM II V.D.

NOTICE TO MEDICAL PRACTITIONER TO EXAMINE AND REPORT UPON A PERSON SUSPECTED TO BE INFECTED WITH VENEREAL DISEASE.

To.....M.D.

You are hereby authorized and required under the Venereal Diseases Prevention Act to examine.....

.....

and to report to me as to whether or not.....

.....

is suffering from Venereal Disease, and if so in what form.

(Signed)

.....

Date.....

(a)—FORM III V.D.

REPORT OR CERTIFICATE OF A LEGALLY QUALIFIED MEDICAL PRACTITIONER.

I, the undersigned, a legally qualified medical practitioner, hereby certify that on the.....day of....., 19 , at.....I examined.....
.....
and found.....suffering from Venereal Disease in the form of.....

The examination comprised the following procedure, viz:—

(Signed)

Date..... .....
M.D.

(a)—FORM IV V.D.

NOTICE RESPECTING THE COURSE OF CONDUCT OF A PERSON INFECTED WITH VENEREAL DISEASE.

Under the provisions of the Venereal Diseases Prevention Act, you are hereby notified and required to present yourself to.....
.....M.D., a legally qualified medical practitioner, for treatment. While under treatment and until non-infective you are required to obey Regulation (c) of the Provincial Board of Health.

(Signed)

.....

Date..... M.O.H.

Penalty for NON-COMPLIANCE, fine of $25.00 to $100.00, or 3 months' imprisonment.

(a)—FORM V V.D.

AUTHORITY TO ENTER INTO A HOUSE OR UPON PREMISES.

Under the authority of the Venereal Diseases Prevention Act, I, the undersigned, Medical Officer of Health for.....
.....
hereby authorize you to enter the house or premises at.....
.....
in the daytime for the purpose of examining.....
.....

(Signed)

.....

Date..... M.O.H.

(a)—FORM VI V.D.

REPORT OF VENEREAL DISEASE.

Name of Disease:.....

.....

Serial Number:.....Sex.....

Married or Single:.....

Municipality:.....

Date:.....

(Signed)

.....

Medical Practitioner, Supt.,
or Head of Institution.

(*b*) METHODS OF TREATMENT.

The following shall be deemed to be lawful and proper methods and remedies for the treatment, alleviation and cure of venereal disease, viz.:

(1) Gonorrhœa:

(*a*) The treatment of Gonorrhœa should be essentially local in character.

(*b*) The treatment of the complications of Gonorrhœa should be both local and systemic.

(*c*) The following remedies are approved, viz.: Silver, Iodine, Mercury, Potassium, Zinc Lead, and other mild astringents in their various forms.

(*d*) Essential oils, alkalies, balsams and hexamethylenetetramine.*

(*e*) Suggested methods of treatment are set forth in Appendix I.

(2) Syphilis:

Early stage.

Diagnosis.—Any suspicious sore upon the genitals or elsewhere should be diagnosed as early as possible and assumed to be syphilitic until this is disproved. It is said on expert authority that fifty per cent. of cases of primary syphilis may be aborted if undertaken before the Wassermann is positive.

The successful treatment of syphilis depends upon the early and vigorous treatment of the disease.

1. The following remedies are approved, viz.:

(*a*) Mercury in its various forms administered orally, intra-muscularly and by inunction.

(*b*) The arseno-benzol derivatives administered intravenously.

*CAUTION—Some persons cannot tolerate this drug, even small doses occasionally causing painful micturition and hæmaturia.

(*c*) The Iodides—administered orally.

(*d*) Suggested methods of treatment are set forth in Appendix I.

(3) Chancroid:

(1) Carbolic acid and alcohol.

(2) Silver salts.

(3) Antiseptic dressings.

None of these remedies, nor any other remedy, form of treatment, instrument or medicine, patent, proprietary, or otherwise, shall be sold, offered for sale, recommended, suggested, advertised, or promoted by anyone as a treatment for venereal, special, private or genito-urinary disease, unless such remedy, medicine, treatment, or instrument is prescribed by a legally qualified practitioner.

(*c*) COURSE OF CONDUCT OF A PERSON INFECTED WITH VENEREAL DISEASE.

(1) Every person infected with veneral disease shall forthwith place himself under the care and treatment of a legally qualified medical practitioner. If unable to secure medical attendance he must apply to the Medical Officer of Health of the municipality who will direct his course as to treatment. During the course of the disease he shall attend and carry on his treatment as required by the medical practitioner under whose care he is.

Penalty for non-compliance with this regulation, a fine of not less than $25.00 nor more than $100.00.

(2) He shall abstain from marriage, sexual intercourse, or any conduct likely to infect another. He shall continue treatment until pronounced non-infective, and in default of which he shall be reported to the Medical Officer of Health.

Penalty for non-compliance with this regulation, a fine of not less than $100.00 nor more than $500.00, or 12 months' imprisonment.

(*d*) DISTRIBUTION OF INFORMATION.

The Board shall distribute to every medical practitioner and every hospital requiring the same such information respecting venereal disease as may be determined upon by the Board and every medical practitioner and every hospital receiving such information shall distribute the same to such persons suffering from venereal disease as may come under the care of the medical practitioner or hospital.

(*e*) REGULATING TREATMENT.

Persons in hospitals, places of detention and other institutions who are infected with venereal disease shall obey such rules as may be laid down by the physician or superintendent in charge.

(*f*) PREVENTING INFECTION.

Every medical practitioner, every hospital superintendent, the head of every hospital for the insane, for epileptics, for the feeble minded, the head of every jail, reformatory, or other place of detention and of every institution, private, public or otherwise, and every person infected with venereal disease shall take and maintain every precaution against the spread of these diseases as is now or may be from time to time prescribed by the Provincial Board.

(*g*) REPORTING.

Every medical practitioner, every hospital superintendent, the head of every hospital for the insane, for epileptics, for the feeble minded, the head of every jail, reformatory or other place of detention and of every institution, private, public or otherwise shall report daily to the Medical Officer of Health by a serial number, in accordance with Form VI, every case of venereal disease coming under his treatment or care for the first time. If the patient has been under treatment by another physician or institution, notice thereof shall be sent forthwith to the Medical Officer of Health, but without giving the name of the patient.

The aggregate of all cases of each form of venereal disease shall be reported weekly by the Medical Officer of Health directly to the Board.

(*h*) NOTICES.

When required by the Board every local Board shall procure and provide for the putting up, in public urinals, conveniences, and similar places, of notices and placards dealing with venereal disease, its cause, manifestation, treatment and cure, but no notice or placard of this character may be so used unless such is approved by the Board.

(*i*) PUBLICATION OF INFORMATION AS TO TREATMENT.

When required by the Board every local Board shall provide for public advertising and placarding of such information relative to the treatment and cure of venereal disease, and the places where proper treatment may be procured, as the Board may deem advisable, and which may be approved by the Board.

(*j*) PENALTIES.

Every person violating any Regulation of the Board shall incur a penalty of not less than $25, nor more than $100, and in default of immediate payment shall be imprisoned for a period not exceeding three months.

(*k*) FEES.

Every medical practitioner making an examination and report as required under Sections 3 and 4 of this Act or as prescribed by the Regulations shall be paid by the municipality wherein the patient lives, the sum of five dollars, except in the case of public institutions other than gaols and prisons, receiving Government aid or which are maintained by the Government.

(*l*) PROCEDURE ON APPEALS.

In case of an appeal from any action or decision of the Medical Officer of Health under this Act, an application for appeal shall be made in writing to the Board, who shall thereupon set a date for the hearing within one week from the receipt of the application. Notice shall be given by the Board in writing by registered post, of the date and place of hearing to all parties concerned. The hearing shall be *in camera*.

(*m*) The administration of the Regulations shall not interfere with the course of justice in case of persons under arrest or in custody previous to trial for any offence committed against the provisions of the Venereal Disease Prevention Act or anything therein authorized or under any other Statute or the Criminal Code.

(*n*) METHODS OF EXAMINATION.

The examination of any person with a view to ascertaining whether or not such person is infected with venereal disease shall be as follows:

(*a*) In the case of *suspected* gonorrhœa, the examination shall include a physical examination of the person with a microscopical examination of the urethral, and prostatic discharges in the male, and of the urethral, bartholinic, vaginal and uterine discharges in the female.

(*b*) In the case of *suspected* syphilis, the examination shall include a physical examination of the person and an examination of the blood, by means of what is known as the Bordet-Wassermann test, and a complete spinal fluid examination if such is deemed advisable by the Medical Officer of Health.

(*c*) In the case of chancre or chancroid, the examination shall correspond to that detailed under (*b*), with the addition of the dark-field microscopical examination, india ink preparation, or one of the recognized stains for spirochæte pallida. In all cases the report of the examination shall include full details of the methods of examination carried out.

(*o*) HOSPITALS.

Every hospital in Ontario receiving public aid shall make provision for the reception and treatment of persons suffering from venereal disease.

The appendix to the regulations consists of a short summary of suggestions as to diagnosis and treatment.

Programme of Seventh Annual Convention of the Public Health Services of the Province of Quebec

FRIDAY, JULY 26TH, 2 P.M.

1. Report of the Committee of Resolutions: Messrs. Hayes, Simard, Pelletier, Nadeau, Désaulniers, Parrot, Masson, Roy, Finnie, Bordeleau, Grégoire, Baudouin, secrétaire.

Resolution *re* medical inspection of industrial establishments: M. Louis Guyon, Montreal.

Industrial Hygiene: Dr. Jos. Guérard, Quebec.

2. Public Health in the Province of Quebec: Dr. J. A. Beaudry, Doctor in Public Hygiene, Montreal.

3. Duties of municipalities in regard to Public Health: Dr. S. Boûcher, D.P.H., Montreal.

4. Help given to municipalities by the District Health Officers: Dr. E. M. A. Savard, D.P.H., Quebec.

5. The Health Department in a small municipality: Dr. F. Pelletier, Montreal.

6. Venereal Diseases: Dr. Elzéar Pelletier, Montreal.

Venereal Diseases, their results and their prophylaxis: Dr. A. C. Bouchard, Trois-Rivières.

Discussion: Dr. J. E. Laberge, Montreal; Dr. J. A. Hutchinson, Westmount; Dr. G. Bourgeois, Trois-Rivières.

7. Deficiencies in Public Health Administration: Dr. F. J. Langlais, Trois Pistoles.

8. The Public Health Nurse: Dr. J. A. Baudouin, D.P.H., Lachine.

FRIDAY, JULY 26TH, 8 P.M.

Official Opening of the Convention.

1. Address by Mr. Jos. Viel, Mayor, Fraserville.
2. Address by Dr. E. A. Parrot, M.P.P., Fraserville.
3. Address by Dr. Arthur Simard, President of the Convention.
4. Microbes, how they grow, live and die, with lantern slides: Dr. A. Vallee, Quebec.

SATURDAY, JULY 27TH, 9.30 A.M.

1. Statistics: Dr. J. W. Bonnier, D.P.H., Montreal.
2. Statistics on cancer: Dr. M. O. B. Ward, Montreal.

3. Infantile hygiene

(*a*) Practical considerations on artificial feeding: Dr. R. Fortier, Quebec.

(*b*) The fight against infantile mortality: Dr. E. Gagnon, Montreal.

(*c*) Infantile mortality: Dr. A. Corsin, D.P.H., Montreal.

(*d*) Soothing syrups: Dr. L. F. Dubé, N.D. du Lac.

(*e*) Fever and child: Dr. A. Jobin, Quebec.

(*f*) Hygiene of the baby: Dr. E. Pettigrew, Fraserville.

4. Bad effects of secret and proprietary nostrums: Dr. L. F. Dubé, N.D. du Lac.

5. A mailing-tube method for daily long distance bacteriological control of water-supplies: Mr. M. H. McCrady, Montreal.

6. False security given by certain pasteurizing plants: Dr. Jos. de Varennes, Quebec.

7. Necessity of a provincial bureau for meat inspection: Dr. A. J. Hood, Montreal, Quebec.

SATURDAY, JULY 27TH, 2 P.M.

1. How to improve our Association of the Convention of the Public Health Services of the Province of Quebec: Dr. J. D. Pagé, Quebec.

2. Difficulties to be overcome by the Public Health Department in our municipalities: Dr. C. R. Paquin, Quebec.

3. The doctor and the District Health Officer, their relations: Dr. H. Palardy, D.P.H., Montreal.

4. Diagnosis and prophylaxis of contagious diseases: Dr. J. E. Laberge, Montreal.

5. The laboratory in epidemiology: Dr. A. Bernier.

6. The remote effects of contagious diseases: Dr. J. E. Dubé, Montreal.

7. The antituberculosis organization of the municipal Health Department of Montreal: Dr. H. Gervais, D.P.H.

8. Medical school inspection: Dr. Th. Savary, D.P.H., Pont Rouge.

9. The teaching of hygiene in schools: Dr. H. Sanson, D.P.H., St. Hyacinthe.

10. How to deal with drainage in the country: M. T. Lafrenière, S.E., Montreal.

Discussion: Dr. H. Palardy, D.P.H., Montreal.

11. Water supply in the country: Mr. A. Cousineau, S.E., Montreal.

12. Municipal sanitary inspection: Mr. Arthur Dicaire, Lachine.

SATURDAY, JULY 27TH, 8 P.M.

Inauguration of the antituberculosis League of the Co. of Temiscouata.

1. Address by Dr. L. F. Dubé, President.
2. Address by Dr. E. Pettigrew, Fraserville.
3. Address by Dr. L. E. A. Parrot, M.L.A., Secretary.
4. Prevention of tuberculosis: Dr. Arthur Rousseau, Quebec.
5. Hospitalisation of the tuberculosis patient: Dr. J. O. Leclerc, Quebec.
6. Antituberculosis clinic: Dr. C. J. Fremont, Quebec.
7. What we have done, what we are doing and what we could do at the Bruchesi Institute: Dr. J. A. Jarry, Montreal.

Editorials

A Federal Department of Health

ONE still hears occasionally a question as to whether a Federal Department of Health is desirable. The answer is that such a department is not only desirable but absolutely essential at the present time. The problems awaiting it are of an amazing magnitude, its possibilities for good are boundless.

We have been all too much given to the solving of sordidly material problems in the past. The dollar has been of greater value than life. Now—somewhat saddened after four years of war we look further. Human blood and human life have been poured out in sacrifice for a great cause—and we have said it is all necessary. Is it then not time for us to begin to think of the thousands of deaths among us that are absolutely unnecessary—everyday deaths of ordinary civil life. Should we not remember the thousands of cases of tuberculosis and of syphilis, not to speak of minor ailments that exist all around us. Should we not think of the fact that lack of care for our feeble minded means crime and poverty, and that our infant mortality rate simply spells national ignorance and inefficiency.

The answer seems obvious. As in dealing with any other national problem organization will be necessary. This should be provided by the establishment of a Federal Department of Health under a separate minister at the earliest possible moment.

Montreal's Red Light District

It is said that there are no fewer than eight hundred houses of prostitution in Montreal. They do a thriving trade and apparently everyone knows of them. They debauch the young men—not to say young women —of Montreal, and continue to debauch—and yet they continue to exist. Their inmates, girls of all ages, once innocent, are drawn from the surrounding districts. Once they were shopgirls, domestics, factory girls, girls living at home. Now they sell themselves daily, body and soul to any stranger. New recruits—young comely girls who should be Canada's future mothers—come in, and old hags graduate. Young men start out as clean young Canadians, learn their lesson in these gaudy schools of immorality, and only too often the aftermath is disease and death not only for themselves but for others.

Canada's greatest city cannot be proud of her red light district. Neither can the church nor can the Public Health authorities, nor can any decent citizen of Montreal. One cannot but wonder what they have thought about it and what they are going to do about it.

The news that Montreal's police department is undergoing a reorganization and that much of the responsibility for work in the future will fall on the capable shoulders of Mr. N. L. Grandchamps, as Chief of Police, and Mr. Joseph Trembley, as Director of Public Safety, is encouraging. Much reliance can be placed upon these gentlemen for energetic and carefully planned action.

The prevalence and seriousness of venereal diseases has brought to the front the question of just what organized vice means, in either dollars and cents or lives. Vice tolerated and rampant has as its inevitable sequel more vice and more disease. The principle of segregation and examination has been thoroughly tried out and found wanting; not only that, but such a method will always be illogical and repulsive to right thinking people. Absolute repression is the only sane policy. Even that will be unsuccessful unless side by side with it constructive measures are undertaken dealing with the question of poor wages, poor education and the other known causal factors. Otherwise the ghastly Moloch of prostitution will continue to exact his terrible toll of lives and happiness.

The Section on Child Welfare

It is indeed a great source of gratification to at last see an organization of a section to stimulate Infant and Child Welfare Work throughout the Dominion. Let us hope that the same amount of enthusiasm will be continued through the many years to come as was evidenced at the opening organization meeting in Hamilton. Child Welfare Work with one or two exceptions is woefully behind in this country in comparison with other countries, yet nevertheless certain municipalities must be given credit for the work they have accomplished, especially do we refer to the cities of Toronto and Hamilton. In the former there exists a Department of Child Hygiene which may be classed among the best of its kind on the American continent. While in the Province of Ontario Dr. McCullough, Provincial Health Officer, has organized an Infant Welfare Campaign throughout the province, unfortunately many other efforts are organized by private individuals. Child Welfare Work to be efficient must be organized and conducted by Local Boards of Health and not private philanthropy, otherwise the co-operation of the practising physician will not be obtained which is so essential in this branch of work. Beside, private philanthropy is, at least in this country, not sufficient to cope with such a huge problem.

We feel that Toronto University has taken a great step in the right direction by organizing and instituting a course in Infant and Child Welfare Work for the undergraduates in Medicine, for these are the individuals who can, through their knowledge of the field, organize and institute such work in their respective municipalities.

It is greatly to be regretted that our own Dominion Government has not seen fit to organize a Federal Children's Bureau, thus demonstrating their unwillingness to realize that the truest national economy can only be secured by saving life and improving health by all practical means.

It appears to us that such a step as the organization of a Federal Bureau can only be made possible by demands made by the medical profession and the mothers and social workers of our Dominion. If our government could but realize that so far there have been seven times as many deaths, in infants under one year, as there have been soldiers killed in France immediate action would be forthcoming.

In contrast to our Governmental inactivity information is at hand telling us of the recently organized campaign by the Federal Bureau at Washington to save in the next year 100,000 infant lives, each state being allocated its proportion of lives to save according to population.

Let us hope that the executive of this newly formed section will at once take action to have the situation lucidly placed before the State.

Book Reviews

Animal Parasites and Human Disease, by ASA C. CHANDLER, M.S., Ph.D., Instructor in Zoology, Oregon Agricultural College, Corvallis, Oregon. Cloth bound, 570 pages. John Wiley & Sons, Inc., New York. Price $4.50. 1918.

In writing this book, Dr. Chandler has successfully compiled the essential facts of our present knowledge of the animal parasites which are related to human disease. The life histories of these parasites are given in detail, and in addition brief descriptions of the diseases, together with notes on prevention and treatment. The book is in no sense a complete text-book of Parasitology. Dr. Chandler has, however, presented this important subject in a manner which will at once be appreciated by Medical Officers of Health and physicians, and will be read with interest by the large group of laymen interested in the advancement of Public Health. He has accomplished this task by confining his subject to only those animal parasites which are related to human disease. He has omitted scientific terms as far as possible and unnecessary classifications. There is a great need for a book such as this, and it will indeed be welcomed by all students of modern preventive medicine.

The introductory chapters contain a brief outline of the development and contributions to this science, and emphasize the great importance of these diseases in the world to-day.

The book itself is divided into three parts: Part I, "Protozoa", Part II, "Worms", and Part III, "Arthropods". The work is well balanced and is thoroughly up to date. The illustrations are well selected and many sketches were drawn from specimens by Dr. Chandler.

R. D. D.